File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM





## DISCLOSURE SUMMARY PAGE 2008 MAY 19 AM 9: 59

COMMITTEE NAME (	Must be same as on Statement of Org	anization)		9 AM 9:5	9
IMPORTANT: Indicate by (1)Statewide/Legislative	SCARPING FOR BUK y # type of committee you are reporting for: Judge Standing for Retention Candidate ( mittee ( 5 ) County Candidate ( 6 ) City Cand	2 )State PAC (3 )State Party	1 1	FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
Subdivision Candidate (11) Local Ballot Issue	8 )County PAC (9 )City PAC (10 )School	Board or Other Political Subdivision PAC		For Office Use On Comm. #	_
CANDIDATE COMMIT	TTEES ONLY:		_	ogged In	
Candidate Name	.SCAPPIND	Political Party (if applicable)		Scanned	
Office Sought	. <u>5 em p. 10 -</u>	Dem sera 4  District (if Senate or House)			
POLK Co. Sup	DERVISOR - DISTRICT 2				
Late reports are subject t	to possible civil and criminal penalties. Pr	ursuant to Iowa Code sections 68B.32A(	7) and 6	8A.401(3), the ca	ndidate, for a
Sel L	Jeardinso	(515) 210-9034		5-	17-08
SIGNATURE OF PERS	ON FILING REPORT	TELEPHONE		DATE S	IGNED
I AM FILING A	5-19-08	REPORT FOR (1) ELECTION /	(2)NON	-ELECTION YE	AR.
	(report date)	Indicate by #			
☐CHECK IF AMENDM	IENT TO REPORT DATED		ocal Con	nmittees, enter Da	te of Election
Check if this is final ( (You must con	(termination) report and attach Notice of the total transfer of the temperature to file reports until a DR-3 is filed	of Dissolution Form DR-3.	ounty &	6-3- Local Committees	08
				POL	K
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## For Instructions, See Back of Form

## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

**SCHEDULE** Reset Form MONETARY (Rev. 07/03) **RECEIPTS** COMMITTEE NAME (Must be same as on Statement of Organization) CHECK THIS BOX IF AMENDING FORM SCARPINO FOR

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	DEL ATTION		
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	THE ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOF FUND- RAISER
	ID#	LINDA BISIGNANO			INCOME
4-24-08	CK# 4753	3610 - 6TH AVE DES MOINES, IA		\$ 100 00	
4-24-08	CK# <b>5977</b>	JAMES BUTLER 2341- KENNEDY ST. ST. CHMILES, ZA		# 100	
	ID#			100	
4-24-08	CK# /3/4/	COLIN QUINN 2619 EMMA AUG DES MOINES, IA		125 00	
ļ		WILLIAM ROTHMEYER 909 NE. HUNTINGTON CT ANKENY IA		500	
4-30-08	CK# <b>8290</b> ID# CK# <b>553-7</b>	LEE & MARIORIE BAKER 3103 S. W. 37TH DES MOINES IN		500° 5,000°.	
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			SUB-TOTAL	. = 0 = 6	

TOTAL (if last page of this schedule)

(for Schedule A)

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
<b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
CHE(	CK THIS BOY IS

AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

~ 01/	CANDIDATE	NO FOR POLK COUNTY Su	pervisor	
DATE EXPENDED (MM/DD/YR)	ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4/1/08	ID# CK#	Community STATE BANK 817 N. ANKENY BLV O. ANKENY, IA 50023	CHECK PRINTING	\$ 21.10
5/9/08	ID# CK# <b>500</b> /	CARTER PRINTING 1739 E. BRAND AVE. DSM, IA	PHRCHASE-LETTER HEAD ENVELOPES, YARD SIGNS & SIGN WIRES	\$5,413.16
5/14/08	ID# CK# <b>500</b> 2	DEG SCARPINO 2721 NE. BRIARWOODET ANKENY IA 50021	POSTAGE/STAMPS/Copies FOR MAILWAS OF CAMPAIGN LETTERS	
	ID#			
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			SUB-TOTAL	\$ 5,596.10

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page of	Page		of		
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TOTAL (if last page of this schedule)